of projects/schemes is a continuous process and this depends on availability of natural resources, human resources and funds related to the plan priorities.

Modern Vessels with Indian Navy

1687. DR. SHRIKANT RAMA CHANDRA JICHKAR: Will the PRIME MINISTER be pleased to state:

(a) whether the Indian Navy has the sufficient number of modern vessels with commensurate mobility and armament;

(b) if not, what steps are being taken to acquire them; and

(c) if so, whether the same compare favourably than those from whom we face threat?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI MALLIKARJUN) (a) Yes, Sir.

(b) Does not arise.

(c) The threat perception is taken into account while negotiating counter measures as part of our continuing effort to maintain defence preparedness.

Frequent strikes in Health Services

1688. MISS SAROJ KHAPARDE:
SHRI O.P. KOHLI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that health services in Government owned hospitals in the national capital and elsewhere are frequently disrupted by health employees including doctors and nurses by resorting to strikes and other means thereby adversely affecting the helpless poor patients who are wholly dependent on these hospitals;

(b) if so, what are the hospital-wise details of such strike during the last three years, year-wise; and

(c) what action Government propose to take to maintain uninterrupted health services in the Central Government hospitals in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) There have not been frequent strikes in the Central Government hospitals. The strike resorted to by various categories of hospital employees are as under:—

Lady Hardinge Medical College and Smt. S.K. Hospital:

10.8.92 to 20.8.92—Group 'C' and 'D' Dharna and demonstration for 2 hours daily.

2.2.1994 to 3.2.1994—Nurses and Resident Doctors.

24.3.94 to 25.3.94—Group 'D' Staff of the hospital Kitchen.

9.11.94 to 17.11.94—Strike by Resident doctors.

Dr. R.M.L. Hospital:

No strike reported.

Safdarjung Hospital:

25.5.95 to 1.6.95—SJH Karamchari Union.

20.2.95 to 7.3.95—By Resident Doctors.

All India Institute of Medical Sciences:

January & September, 1994—Agitation/Dharna by the Nurses.

7.2.95 to 26.3.95—Strike by Resident Doctors.

(c) Regular meetings are held with the representatives of the Union by hospital authorities. Hospital Advisory Committee meetings and Office Council meetings are regularly held to discuss and solve the demands of the hospital employees.

Criteria for Collecting Blood from Public by Blood Banks

1689. SHRI S. MUTHU MANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 520

given in the Rajya Sabha on 3rd August, 1995 and state:

(a) whether any approval from Government is required to collect blood from the public by the organisations; and

(b) if so, what are the criteria fixed for such collection?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) 'Blood' is considered as a drug under the Drugs and Cosmetics Act, 1940 and blood collection as a manufacturing process for which -a license is required under the Act, ibid. The Drug and Cosmetics Rules, 1945 lay down the criterion for issue of a licence to open a blood bank and specify requirement of physical facilities, testing procedures, quality control of reagents, specified qualifications and experience required for blood bank personnel, maintenance of complete and correct records and mandatory testing of blood for Blood Transmissible Diseases.

Better Health Facilities, in Hilly Areas

1690. SHRIMATI MALTI SHARMA:
SHRI RAJ NATH SINGH:
SHRI KANAKSINH MOHANSINH MANGROLA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have chalked out any special scheme to provide better health facilities and to raise the level of nutrition in the hilly areas of the country, particularly in Uttar Pradesh; and

(b) if so, the details thereof;

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) In order to provide promotive, preventive, curative and rehabilitative health care facilities in the hilly areas in the country including Uttar Pradesh, rural health infrastructure consisting of a number of Sub-Centres, Primary Health Centres and Community Health Centres have been established on relaxed population norms throughout the country.

Besides this, a number of Allopathic dispensaries/hospitals/mobile clinics, Ayurvedic Hospitals/Dispensaries, Homoeopathic hospitals/dispensaries and Unani /Siddha dispensaries are also functioning to cater to the health care needs in the hilly areas in the country.

Central assistance is provided for training of'para-medical workers; pay & allowances of female health workers, cost of medicine/drugs and rent of buildings for the establishment of Sub-Centres from Family Welfare Programme budget.

The Central Government have also been assisting the State Government for implementation of various communicable and non-communicable diseases control/ eradication programmes like National Malaria Eradication Programme, National Tuberculosis Control Programme, National Programme for Control of Blindness, National AIDS Control with Blood Safety and STD Control Programme, National Iodine Deficiency Disorders Control Programme, National Cencer Control Programme, National Mental Health Programme and Family Welfare Programme including Safe Motherhood and Child Survival Programme alongwith Immunisation Programme etc. throughout the country including hilly areas.

Various Supplementary Nutrition Programmes like prophylaxis and treatment of Anaemia, Vitamin 'A' deficiency, Integrated Child Development Schemes, Special Nutrition Programmes and in some States Mid-Day Meal Programmes for school children are being implemented throughout the country including hilly areas.